

# SENATE MOTION

**MADAM PRESIDENT:**

**I move** that Engrossed House Bill 1627 be amended to read as follows:

- 1           Page 49, between lines 2 and 3, begin a new paragraph and insert:
- 2           "SECTION 38. IC 27-8-11-10, AS ADDED BY P.L.111-2008,
- 3           SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 4           UPON PASSAGE]: Sec. 10. (a) As used in this section, "dialysis
- 5           facility" means an outpatient facility in Indiana at which a ~~dialysis~~
- 6           ~~treatment~~ provider provides dialysis treatment.
- 7           (b) As used in this section, "contracted dialysis facility" means a
- 8           dialysis facility that has entered into an agreement with a particular
- 9           insurer under section 3 of this chapter.
- 10          (c) Notwithstanding section 1 of this chapter, as used in this section,
- 11          "insured" refers only to an insured who requires dialysis treatment.
- 12          (d) As used in this section, "insurer" includes the following:
- 13               (1) An administrator licensed under IC 27-1-25.
- 14               (2) An agent of an insurer.
- 15          (e) As used in this section, "non-contracted dialysis facility" means
- 16          a dialysis facility that has not entered into an agreement with a
- 17          particular insurer under section 3 of this chapter.
- 18          (f) An insurer shall not require an insured, as a condition of
- 19          coverage or reimbursement, to:
- 20               (1) if the nearest dialysis facility is located within thirty (30) miles
- 21               of the insured's home, travel more than thirty (30) miles from the
- 22               insured's home to obtain dialysis treatment; or
- 23               (2) if the nearest dialysis facility is located more than thirty (30)
- 24               miles from the insured's home, travel a greater distance than the
- 25               distance to the nearest dialysis facility to obtain dialysis
- 26               treatment;
- 27          regardless of whether the insured chooses to receive dialysis treatment
- 28          at a contracted dialysis facility or a non-contracted dialysis facility.
- 29          **(g) An insurer shall, upon request of the insured, make all claim**
- 30          **payments for dialysis treatment payable only to the dialysis facility**
- 31          **and not to the insured, regardless of whether the dialysis facility is**

1 a contracted dialysis facility or a non-contracted dialysis facility.

2 (h) A policy that is issued by an insurer that provides coverage  
3 for dialysis treatment may not apply:

4 (1) benefit restrictions;

5 (2) deductible, copayment, coinsurance, or other out-of-pocket  
6 expense requirements; or

7 (3) maximum lifetime coverage limitations;

8 to the coverage for dialysis treatment that are less favorable to an  
9 insured than the benefit restrictions, deductible, copayment,  
10 coinsurance, or other out-of-pocket expense requirements, or  
11 maximum lifetime coverage limitations that apply to all other  
12 medical and surgical benefits under the policy.

13 (i) A dialysis facility or provider shall not bill an insured for any  
14 amount that exceeds:

15 (1) the amount paid by the insurer; plus

16 (2) any applicable deductible, copayment, coinsurance, or  
17 other expense paid by the insured;

18 in connection with dialysis treatment. An insurer that receives  
19 from an insured written proof that a dialysis facility or provider  
20 has violated this subsection shall not reimburse the dialysis facility  
21 or provider for any health care services rendered to any insured  
22 until the insurer receives written proof that the dialysis facility or  
23 provider has canceled the bill and reimbursed the insured in full  
24 any amount paid in relation to the amount billed in violation of this  
25 subsection.

26 (j) The department may adopt rules under IC 4-22-2 to  
27 implement this section."

28 Page 52, between lines 17 and 18, begin a new paragraph and insert:

29 "SECTION 44. IC 27-13-1-11.5, AS ADDED BY P.L.111-2008,  
30 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
31 UPON PASSAGE]: Sec. 11.5. "Dialysis facility" means an outpatient  
32 facility in Indiana at which a ~~dialysis treatment~~ provider provides  
33 dialysis treatment."

34 Page 52, between lines 32 and 33, begin a new paragraph and insert:

35 "SECTION 46. IC 27-13-15-5, AS ADDED BY P.L.111-2008,  
36 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
37 UPON PASSAGE]: Sec. 5. (a) Notwithstanding IC 27-13-1-12, as used  
38 in this section, "enrollee" refers only to an enrollee who requires  
39 dialysis treatment.

40 (b) As used in this section, "health maintenance organization"  
41 includes the following:

42 (1) A limited service health maintenance organization.

43 (2) An agent of a health maintenance organization or a limited  
44 service health maintenance organization.

45 (c) A health maintenance organization shall not require an enrollee,  
46 as a condition of coverage or reimbursement, to:

47 (1) if the nearest dialysis facility is located within thirty (30) miles

of the enrollee's home, travel more than thirty (30) miles from the enrollee's home to obtain dialysis treatment; or

(2) if the nearest dialysis facility is located more than thirty (30) miles from the enrollee's home, travel a greater distance than the distance to the nearest dialysis facility to obtain dialysis treatment;

regardless of whether the enrollee chooses to receive dialysis treatment at a dialysis facility that is a participating provider or a dialysis facility that is not a participating provider.

**(d) A health maintenance organization shall, upon request of the enrollee, make all claim payments for dialysis treatment payable only to the dialysis facility and not to the enrollee, regardless of whether the dialysis facility is or is not a participating provider.**

**(e) An individual contract or a group contract that provides coverage for dialysis treatment may not apply:**

**(1) benefit restrictions;**

**(2) deductible, copayment, coinsurance, or other out-of-pocket expense requirements; or**

**(3) maximum lifetime coverage limitations;**

**to the coverage for dialysis treatment that are less favorable to an enrollee than the benefit restrictions, deductible, copayment, coinsurance, or other out-of-pocket expense requirements, or maximum lifetime coverage limitations that apply to all other medical and surgical benefits under the individual contract or group contract.**

**(f) A dialysis treatment facility or provider shall not bill an enrollee for any amount that exceeds:**

**(1) the amount paid by the health maintenance organization; plus**

**(2) any applicable deductible, copayment, coinsurance, or other expense paid by the enrollee;**

**in connection with dialysis treatment. A health maintenance organization that receives from an enrollee written proof that a dialysis facility or provider has violated this subsection shall not reimburse the dialysis facility or provider for any health care services rendered to any enrollee until the health maintenance organization receives written proof that the dialysis facility or provider has canceled the bill and reimbursed the enrollee in full any amount paid in relation to the amount billed in violation of this subsection.**

**(g) The department may adopt rules under IC 4-22-2 to implement this section."**

Page 53, between lines 23 and 24, begin a new paragraph and insert:

**"SECTION 50. [EFFECTIVE UPON PASSAGE] (a) IC 27-8-11-10, as amended by this act, applies to an agreement between an insurer and a dialysis facility that is entered into, amended, or renewed on or after the effective date of IC 27-8-11-10, as amended by this act.**

1       **(b) IC 27-13-15-5, as amended by this act, applies to a contract**  
2       **between a health maintenance organization and a dialysis facility**  
3       **that is entered into, amended, or renewed on or after the effective**  
4       **date of IC 27-13-15-5, as amended by this act.**

5       **(c) This SECTION expires July 1, 2014."**

6       Renumber all SECTIONS consecutively.

(Reference is to EHB 1627 as printed April 1, 2009.)

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Senator BECKER